Filed: J Title: 4	et. al.)9/889,227 January 8, 2002							
Filed: J Title: 4				Confirmat	ion No.:	5714		
Title: 4	anuary 8, 2002			Examiner	:	Rita J	. Desai	
		2		Group Art	: Unit:	1625		
	∂-CARBOXYA NHIBITORS	ARYL S	SUBSTITUTED	DIPHENY	L UR	EAS A	S RAF	KINASE
		AM	ENDMENT TR	ANSMIT	<u>ral</u>			
P.O. Box 145	er for Patents 50 VA 22313-14	150						
Sir:								
Transmit	tted herewith is a	an amendr	nent in the above-id	entified appli	ication.			
□ No addit	tional fee is requ	ired.						
	nt(s) is/are entitle		entity status.					
	al documents fil			ON FOR	EXTEN	ISION ()F TIMF	7.
								-
The fee has bee	en calculated bel	ow:						
The fee has bee	CLAIMS REMAINING	ow:	HIGHEST NO. PREVIOUSLY PAID FOR	NO. OF Extra Claims	R	ATE	Calcui	ATIONS
CLAIMS	CLAIMS Remaining		PREVIOUSLY PAID FOR	Extra Claims				
CLAIMS	CLAIMS	ow: Minus	PREVIOUSLY	EXTRA			Calcui \$	<u>ATIONS</u> 350.00
CLAIMS	CLAIMS Remaining		PREVIOUSLY PAID FOR	Extra Claims	x			
CLAIMS Total Independent	CLAIMS Remaining 69	Minus	PREVIOUSLY PAID FOR 62 8 CLAIMS	EXTRA CLAIMS 7 0	x s	<u>550 =</u> 200 =		<u>350.00</u> 0.00 0.00
Claims Total	CLAIMS REMAINING 69 8 MULTIPLE D	MINUS MINUS DEPENDENT	PREVIOUSLY PAID FOR 62 8 CLAIMS	EXTRA CLAIMS 7 0 DTAL OF ABO	x s	<u>550 =</u> 200 =		350.00 0.00 0.00 350.00
CLAIMS Total Independent	CLAIMS REMAINING 69 8 MULTIPLE D	MINUS MINUS DEPENDENT BY 50% F	PREVIOUSLY PAID FOR 62 8 CLAIMS TC OR FILING BY SMAL	EXTRA CLAIMS 7 0 DTAL OF ABO	x S x S	<u>550 =</u> 200 =		<u>350.00</u> 0.00 0.00
	CLAIMS Remaining		PREVIOUSLY PAID FOR	Extra Claims				
CLAIMS Fotal Independent	CLAIMS REMAINING 69 8 MULTIPLE D	MINUS MINUS DEPENDENT	PREVIOUSLY PAID FOR 62 8 CLAIMS	EXTRA CLAIMS 7 0 DTAL OF ABO	x s	<u>550 =</u> 200 =		350.00 0.00 0.00 350.00
CLAIMS Fotal independent	CLAIMS REMAINING 69 8 MULTIPLE D	MINUS MINUS DEPENDENT BY 50% F	PREVIOUSLY PAID FOR 62 8 CLAIMS TC OR FILING BY SMAL	EXTRA CLAIMS 7 0 DTAL OF ABO	x S x S	350 = 200 = JLATIONS		350.00 0.00 0.00 350.00 0.00

necessary extension of time may be charged to Deposit Account No. 13-3402. A duplicate copy of this sheet is enclosed.

MILLEN, WHITE, ZELANO & BRANIGAN, P.C. Arlington Courthouse Plaza 1, Suite 1400 2200 Clarendon Boulevard Arlington, Virginia 22201 Telephone: (703) 243-6333 Facsimile: (703) 243-6410

BAYER-0015-A

Attorney Docket No .:

Date: April 19, 2005

Respectfully submitted,	
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Chi y	h

Richard J. Traverso, Reg. No. 30,595 Attorney/Agent for Applicants

	<u>CERTIFICATION OF MAILING</u>						
	I hereby certify that this correspondence is being deposited with the U.S. Postal						
	Services as First Class May in an envelope addressed to: Commissioner for						
	Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: April 19, 2005						
	Name:						
	Signature Maran &						
ļ	MILLEN, WHITE, ZELANO & BRANIGAN, P.C.						

E 1005 201					nt and Trademark C	Office: U.S. DEF	PTO/SB/17 (12-04v2) 07/31/2006. OMB 0651-0032 PARTMENT OF COMMERCE
Effecti	ive on 12/08/20	04.	1	d to a collection		ess it displays : e <i>if Known</i>	a valid OMB control number.
Fees pursuant to the Consolida				tion Number	09/889,227		
FEE TR		MITTAL	Filing D		January 8, 2002		
for	FY 20	005	- 1 milig 2		•		
			-	med Inventor	Bernd RIEDL et. a	al. 	
Applicant claims smal	Il entity statu	s. See 37 CFR 1.27		er Name	Rita J. Desai		
TOTAL AMOUNT OF PA		i) 1,370	Art Unit		1625		
		,	Attorne	y Docket No.	BAYER-0015-A		
METHOD OF PAYMEN	T (check all	that apply)					
🛛 Check 🔲 Credit Car	rd 🗌 Mon	ey Order 🔲 None 🛽	Other (please identify	y):		
Deposit Account Dep	osit Account	Number: 13-3402		Deposit Acco	ount Name: Mille	n White Zelar	no & Branigan, P.C.
For the above-ide	entified depos	sit account, the Director	is hereby	authorized to:	(check all that ap	ply)	
Charge fee	e(s) indicated	below		🗌 Char	rge fee(s) indicate	ed below, exc	ept for the filing fee
🛛 Charge an	y additional f	ee(s) or underpayment	s of fee(s)	🔀 Cred	lit any overpayme	ents	
Under 37	CFR 1.16 an	d 1.17					credit card
WARNING: Information on th information and authorization				n snoula hot b	e included on this	iorm. Provide	
FEE CALCULATION							
1. BASIC FILING, SEA	ARCH, AND	EXAMINATION FE	ES				
	FILING F	EES	SEARCH		_	ATION FEE	
Application Type		Small Entity		Small Entit		Small Entit	
Application Type Utility	<u>Fee (\$)</u> 300		Fee(\$) 500	<u>Fee(\$)</u> 250	<u>Fee(\$)</u> 200	<u>Fee(\$)</u> 100	<u>Fees Paid (\$)</u>
Design	200		100	230 50	130	65	
Plant	200		300	150	160	80	
Reissue	300		500	250	600 `	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE			-	~	-	-	Small Entity
Fee Description						Fee (\$)	
Each claim over 20 (inc						50	25
Each independent claim		uding Reissues)				200	100
Multiple dependent clai Total Claims	ims Extra Cl	aims Fee(\$)	Fee	Paid (\$)		360 Multip	180 Ile Dependent Claims
69 -20 or HP	-	x 50 =	350			Fee	
HP = highest number of t	-		<u></u>	-			
Indep. Claims	Extra Cl	-	Fee	Paid (\$)			
<u>8</u> - 3 or HP=		× <u>200</u>	= 0				
		aims paid for, if greater that	_				
3. APPLICATION SIZE							
If the specification and d		ed 100 sheets of paper), the application size					anal 50
		: 35 U.S.C. 41(a)(1)(G			i sman chuty) [0]	cach addith	mat JV
Total Sheets	Extra She				fraction there	of <u>Fee (</u> \$)	Fee_Paid_(\$)
- 100 -	=	/ 50 = (round up	to a whole n	umber) x		=
4. OTHER FEE(S)							Fees Paid (\$)
· · ·		30 fee (no small entity					
Other (e.g., late f	filing surchar	ge) : Petition for 3-mon	th Extension	of Time			<u>1,020.00</u>
		<u>) 71 17</u>					
SUBMITTED BY	\leftarrow	×+{-}-		Registration No.		<u> </u>	
Signature	SA	4 7 m	L	(Attomey/Agent)	30,595	Telept	hone 703-243-6333
Name (Print/Type) Rict	hard J. Trave	rso				Date	April 19, 2005
-	Service	by certify that this corre to as First Class Majl in a bx 1450, Alexandra, VA	spondence in envelope 22313-1450 Sharon McI M	addressed to: (, on: <u>April 19</u>	ited with the U.S. Commissioner for ,2005		